

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000105651

Entity Name: P.S.L. FLOORING, INC.

FILED
Oct 10, 2006
Secretary of State

Current Principal Place of Business:

906 GATLIN BLVD
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

906 GATLIN BLVD
PORT ST LUCIE, FL 34953

New Mailing Address:

7142 VENETIAN WAY
W. PALM BEACH, FL 33406

FEI Number: 20-1440773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, JAMES B
906 GATLIN BLVD
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

KNOWLES, JAMES B
7142 VENETIAN WAY
W. PALM BEACH, FL 33406 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES B. KNOWLES

10/10/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNOWLES, JAMES B
Address: 9 GATLIN BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VD () Delete
Name: MITCHELTREE, ARTHUR C
Address: 906 GATLIN BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: SD (X) Delete
Name: MITCHELTREE, VANESSA Q
Address: 906 GATLIN BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: TD (X) Delete
Name: KNOWLES, LESLIE E
Address: 906 GATLIN BLVD
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KNOWLES, JAMES B
Address: 7142 VENETIAN WAY
City-St-Zip: W. PALM BEACH, FL 33406

Title: VD (X) Change () Addition
Name: KNOWLES, LESLIE
Address: 7142 VENETIAN WAY
City-St-Zip: W. PALM BEACH, FL 33406

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES B. KNOWLES

PRES

10/10/2006

Electronic Signature of Signing Officer or Director

Date